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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIARodney Pearson 31905630RECEIVED
FEB 01 2016

(In the space above enter the full name(s) of the plaintiff(s).)

16 0530

- against -

Philadelphia Police DepartmentANDREW MILLER 29274709 #1173JEFFREY DEACON 271244 #4679SCOTT PASTMAN 23059 #0565BRIAN BOOS 22294 #8146ALAN POINDEXTER 278238 #2463

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Rodney Pearson

ID # 31905630

Current Institution HOC

Address 8001 State Road Phila, PA 19134

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name P/O Andrew Miller Shield # 27470/1173
Where Currently Employed 35 District, Philadelphia Police
Address 3500 35 District

Defendant No. 2 Name P/O Jeffrey Deacon Shield # 271244/4679
Where Currently Employed 35 District, Philadelphia Police
Address 3500 - 35 District

Defendant No. 3 Name Sgt Scott Pisman Shield # 230591/0565
Where Currently Employed Philadelphia Philadelphia Police
Address One Franklin Sq, Phila, PA 19106

Defendant No. 4 Name Det Brian Boos Shield # 222942/8146
Where Currently Employed Philadelphia Police, 7800- Aviation Unit
Address One Franklin Sq, Phila, PA 19106

Defendant No. 5 Name P/O ALAN Poindexter Shield # 278238/2663
Where Currently Employed Philadelphia Police 6600 North West Detective
Address One Franklin Sq Philadelphia, PA 19106
3500 35 District

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? While in Hoc

B. Where in the institution did the events giving rise to your claim(s) occur? Arrest
Location 200 W Apsley St 10-15-15 9:03 PM

C. What date and approximate time did the events giving rise to your claim(s) occur? 10-15-2015
9:03 PM

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: ON 10-15-15 DE#15-35-089886. P/O Deacon and P/O Miller, responded to the expired driver's license #28742677 Expiration Date 05-22-2010 Class C notified PPA to utilize the City of Philadelphia live stop Program. To live stop the vehicle the Officers Need the Vehicles Pennsylvania tag number of JTG-1636 as well as the Vehicle Identification number (VIN) The vehicle was searched completely in compliance with the live stop program to check for any contraband and high valued items. There was no warrant to search my vehicle. My driver license was not expired, My ID # is 31905630, Date of birth 5-21-1989 SSN#188-708332, Class C Expiration Date 05-22-2019 STATUS ON 10-16-2015: is Valid. My car was live stopped. Because P/O's did not read my status and just wanted to take my 2008 Crown Vic VIN# 2FAHP71V48X104866, Plate ID JTG1636. My car was sold. Cause I was locked up for over 60 days. I lost my job. My Home, My car and the chance to get my kids title ID 70747384

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

After running from the cops, I got up and went down to be arrested, the cops kicked me punched me grabbed me till they felt I was ready to be taking away. I suffered a cut to my eye brow, swollen face minor cut on my lip. My eye was treated at APMC and was seen by medical staff and the released 10-15-2015 10:17PM

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ____ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I didn't
file a grievance, because this happen
before I got to HOC, and the P/O
took my car the wrong way for Nothing
Not the CO's
2. If you did not file a grievance but informed any officials of your claim, state who you
informed, when and how, and their response, if any: I told A few
officer's, they said to call my Lawyer
that don't have Nothing to do with the
Sail.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. If my Licensee was Noticed I would
still have my home, my car and my job.
I wouldn't even been locked up at that
time. I lost items that are priceless
that was in my car, my cell phone is
also gone, No report about that was made.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I want money to buy me
another car, my least money I had lost due
to incarceration, and money to cover all my
unreplaceable items I had in my car. Earnings
I could of made by working at my job, and
money to obtain me another place to live
due to wrongful taking of my car for the inconvenience
of my time lost.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. **Name of Judge assigned to your case** _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9 day of Jan, 2016.

Signature of Plaintiff [Signature]

Inmate Number 1036407

Institution Address HOC, 8001 State Road

Philad, PA 19136

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 9 day of Jan, 2016, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

A handwritten signature in black ink, appearing to be 'A. E. P.', is written over a horizontal dashed line.